

**OFFICE OF CRIMINAL JUSTICE PLANNING
AMERICAN INDIAN SEXUAL ASSAULT AND DOMESTIC VIOLENCE PROGRAM
PART IV - PROPOSAL FORMS**

Competitive Request for Proposals
Proposal Checklist and Required Sequence

This checklist is provided to assist the applicant in ensuring that a complete proposal is submitted to OCJP. Failure to include any of the following elements may result in disqualification of the proposal.

- ☐ GRANT AWARD FACE SHEET (*General Instructions*)

- ☐ PREFERENCE POINTS CERTIFICATION FORM, signed by the designated Enterprise Zone Contact (*General Instructions*)

- ☐ PROJECT NARRATIVE (*Programmatic Instructions*)
 - Problem Statement
 - Plan
 - Implementation

- ☐ PROJECT BUDGET (*General Instructions and Programmatic Instructions*)
 - Budget Narrative
 - Budget Forms - OCJP A303a, A303b, A303c

- ☐ PROPOSAL APPENDIX (*General Instructions and Programmatic Instructions*)

**OFFICE OF CRIMINAL JUSTICE PLANNING
GRANT AWARD FACE SHEET**

(OCJP A301)

The Office of Criminal Justice Planning, hereafter designated OCJP, hereby makes a grant award of funds to the following

(1) Administrative Agency _____

hereafter designated Grantee, in the amount and for the purpose and duration set forth in this grant award.

(2) Implementing Agency Name _____

Contact _____ **Address** _____

Telephone (_____) _____

(3) Project Title (60 characters maximum)	(7) Grant Period
(4) Project Director (Name, Title, Address, Telephone) (four lines maximum)	(8) Federal Amount
(5) Financial Officer (Name, Title, Address, Telephone) (four lines maximum)	(9) State Amount
(6) Award No.	(10) Cash Match
	(11) In-Kind Match
	(12) Total Project Cost

This grant award consists of this title page, the proposal for the grant which is attached and made a part hereof, and the Assurance of Compliance forms which are being submitted. The grant recipient signifies acceptance of this grant award and agrees to administer the grant project in accordance with the statute(s), the Program Guidelines, this Request for Applications (RFA) and the OCJP Grantee Handbook. The grant recipient further agrees to all legal conditions and terms incorporated by reference in the Program Guidelines, this RFA, and the OCJP Grantee Handbook.

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Item:

Chapter:

PCA No.:

Components No.:

Project No.: Amount:

Split Fund:

Split Encumber:

Year:

Fed. Cat. #:

Match Requirement:

Fund:

Program:

Region:

**(13) Official Authorized to Sign for Applicant/
Grant recipient**

Name:

Title:

Address:

Telephone: ()

Date:

I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purposes of this expenditure stated above.

Date

Fiscal Officer, OCJP

Date

Executive Director, OCJP

PREFERENCE POINTS CERTIFICATION

Use this format if one is not provided by the Lead agency.

DATE: _____

TO: OFFICE OF CRIMINAL JUSTICE PLANNING

FROM: Community Contact
Enterprise Zone Program

SUBJECT: PREFERENCE POINTS

(check only one box)

- ☐ (5%) The applicant named below has targeted this enterprise zone for grant-related activities.
- ☐ (2%) The applicant named below has not specifically targeted this enterprise zone for grant-related activities. However, the applicant provides needed services to residents of this community.

Applicant Name: _____

Project Name: _____

Address: _____

Program Zone: _____

I certify that I have reviewed the proposed project and that it meets the eligibility requirements for preference points as required by California Government Code Section 7093.

Print name of Enterprise Zone contact _____ Title _____

Signature of Enterprise Zone contact _____ Date _____

Address _____

(_____) _____
Telephone Number

THE PROJECT NARRATIVE

GOES HERE

No standard forms are provided for the Project Narrative.

See Programmatic Instructions for details.

THE BUDGET NARRATIVE

GOES HERE

No standard forms are provided for the Budget Narrative.

See Programmatic Instructions for details

BUDGET CATEGORY AND LINE-ITEM DETAIL	
A. Personal Services - Salaries/Employee Benefits	COST
TOTAL	

**THE PROPOSAL APPENDIX
GOES HERE**

See Programmatic Instructions for details

COMPUTER PURCHASE FACE SHEET

GRANTEE:

GRANT AWARD NO:

PROJECT TITLE:

GRANT AWARD PERIOD:

From: _____, 19____ to _____, 19_____

Software Cost:

Hardware Cost:

Other Related Items Costs:

Total Proposed Computer System Cost: \$

Total Grant Award Amount: \$

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	Approved	Denied	
	<input type="checkbox"/>	<input type="checkbox"/>	<div>Program Staff's Signature</div> <div>Date</div>
Under \$10,000	<input type="checkbox"/>	<input type="checkbox"/>	<div>Branch Chief's Signature</div> <div>Date</div>
\$10,000 and over	<input type="checkbox"/>	<input type="checkbox"/>	<div>Information Systems Branch Chief's Signature</div> <div>Date</div>
	<input type="checkbox"/>	<input type="checkbox"/>	<div>Division Chief's Signature</div> <div>Date</div>

OFFICE OF CRIMINAL JUSTICE PLANNING
PROGRAMMATIC PURCHASE JUSTIFICATION

As stated in the OCJP Grantee Handbook, approval for purchases of computers and automated equipment is contingent on the project's ability to demonstrate cost effective, project-related need. This is best demonstrated by clearly relating each computer system or component to the grant objectives and activities.

- A. In narrative form, please answer the following questions. Attach as many pages as necessary to fully answer each question.
1. What is your agency's purpose for the proposed system? Include a description of the items to be purchased and how they will be used. Also, explain how the proposed equipment and/or software will enhance the project's ability to achieve the objectives/activities of the project as specified in the Grant Award Agreement.
- B. If the request is for hardware and software in which the total costs exceed \$10,000, answer the following questions:
1. Describe the proposed design of your system and indicate whether this is a new system or an addition/enhancement of an existing one. In your description please be specific as to type and location of hardware/software and how the system will be operated and maintained.
 2. Will the proposed system design meet not only your current, but future needs? Describe in detail.
 3. Does the proposed system integrate with others within the agency? Explain both yes and no responses in detail.
 4. Do you plan on integrating this system with existing city, county, regional or statewide networks? Explain both yes or no responses in detail.
 5. For criminal justice agencies, does the proposed system meet the minimum requirements of the Statewide Integrated Narcotics System (SINS)? Contact OCJP for additional information regarding SINS requirements.
 6. Does the proposed system include intelligence data subject to 28 CFR Part 23 of the Code of Federal Regulations? Contact WSIN regarding these requirements and have them sign the certification of compliance.

PROJECT SUMMARY INSTRUCTIONS

All of the necessary project information must be placed on the form in the space allowed. **Additional pages may not be added.** This is a summary of the project narrative.

1. **PROJECT YEAR:** If the project is new, check new. If the project is continuing, check the box of the proposed year of the project (i.e. Year 2) or insert the year of operation.
2. **PROJECT TITLE:** Enter the complete title. The title **MUST** describe the focus of the project. Acronyms are not acceptable. Do not exceed 60 characters, including space and punctuation.
3. **GRANT PERIOD:** Enter the beginning and ending dates of funding as specified in the grant application.
4. **APPLICANT:** Enter the name and complete address of the organization that is applying for the grant.
5. **FUNDS REQUESTED:** Enter the amount of grant funds requested. This must be the same amount used on the budget pages and on the proposal cover sheet.
6. **IMPLEMENTING AGENCY:** Enter the agency or organization designated on the grant award face sheet as the programmatic recipient of the grant funds who will accomplish the planned objectives and program goals.
7. **PROGRAM DESCRIPTION:** Provide a description of the specific area of service which OCJP is authorized to fund based upon state or federal legislation.
8. **PROBLEM STATEMENT:** Describe the problem the project will address. Support the problem with data such as number of offenses, description of the target area, and local needs.
9. **OBJECTIVES:** Include the quantifiable measurements which define a course of action in order to accomplish the program goals.

PROGRAM SPECIFIC CATEGORIES:

10. **ACTIVITIES:** Describe activities you will perform to accomplish each objective (quantify where possible).
11. **CATEGORY:** Check the appropriate category.
12. **PROGRAM AREA:** Check appropriate program area.
13. **EVALUATION:** Describe how project performance will be measured. Note who will conduct the evaluation (e.g. project staff, government personnel, or outside consultants).
14. **NUMBER OF CLIENTS TO BE SERVED:** Enter the number of clients.
15. **PROJECTED BUDGET:** List all noted budget items. Be specific in breakdown of grant funds and all other budget sources.
16. **RESPONSIBLE OFFICIAL:** [STAFF NOTE: Remove this item if signature is not necessary for program use.]
The legally responsible official for the organization should sign and date this document. The official's name and title should be typed in the space provided.

PROJECT SUMMARY

1. PROJECT YEAR

_ New
_ Year 2
_ Year 3
_ Other _____

2. PROJECT TITLE

3. GRANT PERIOD

_____ To

4. APPLICANT

Name: _____ Phone: (____) _____

Address: _____ Fax #: (____) _____

5. FUNDS REQUESTED

\$ _____

6. IMPLEMENTING AGENCY

Name: _____ Phone: (____) _____ Fax #: (____) _____

Address: _____

7. PROGRAM DESCRIPTION

8. PROBLEM STATEMENT

9. OBJECTIVES

10. ACTIVITIES**11. CATEGORY****12. PROGRAM AREA****13. EVALUATION****14. NUMBER OF CLIENTS
TO BE SERVED**

_____**15. PROJECTED BUDGET**

	Personnel Services	Operating	Expenses	Equipment	TOTAL
Funds Requested					
Other Grant Funds					
Other Sources (list in-kind, fees, etc.)					

16. NAME OF RESPONSIBLE OFFICIAL

Signature: _____ Date: _____

Typed Name: _____ Title: _____

SAMPLE OPERATIONAL AGREEMENT

This Operational Agreement stands as evidence that the _____ (applicant agency) _____ and the (enter agencies) _____ intend to work together toward the mutual goal of providing maximum available assistance for Violence Against Women crime victims residing in _____ (jurisdiction). _____ All agencies believe that implementation of the _____ proposal, as described herein will further this goal. To this end, each agency agrees to participate in the program, if selected for funding, by coordinating/providing the following services:

1. The _____ (applicant agency) _____ project will closely coordinate the following services with the (agencies) _____ through:
 - Project staff being readily available to _____ (name all agencies involved) _____ for service provision through _____ (describe arrangements with each agency) _____;
 - Regularly scheduled meetings _____ (how often) _____ between _____ (persons/positions) _____ to discuss strategies, time tables and implementation of mandated services.

* Specifically:

* List specific activities that will be undertaken between the two agencies or other specifics of the agreement.

We, the undersigned, as authorized representatives of _____ (applicant agency) _____ and _____ (agencies) _____, do hereby approve this document.

For _____ For _____

Date _____ Date _____

For _____ For _____

Date _____ Date _____

For _____ For _____

Date _____ Date _____

**SOLE/SINGLE SOURCE JUSTIFICATION
CONTRACTS FOR SERVICES**

CHECKLIST

	<u>Yes</u>	<u>No</u>
Has the applicant/grantee met the following requirements:		
<u>OCJP Grantee Handbook Section 4510</u>		
Do conditions exist that require a sole/single-source contract?	<input type="checkbox"/>	<input type="checkbox"/>
<u>Section 4521</u>		
Is a brief description of the program or project included?	<input type="checkbox"/>	<input type="checkbox"/>
<u>Section 4522</u>		
Was it necessary to contract noncompetitively?	<input type="checkbox"/>	<input type="checkbox"/>
Did the contractor submit his/her qualifications?	<input type="checkbox"/>	<input type="checkbox"/>
Is the reasonableness of the cost justified?	<input type="checkbox"/>	<input type="checkbox"/>
Were cost comparisons made with differences noted for similar services?	<input type="checkbox"/>	<input type="checkbox"/>
<u>Section 4523</u>		
Is an explanation provided for the uniqueness of the contract?	<input type="checkbox"/>	<input type="checkbox"/>
<u>Section 4524</u>		
Are there time constraints impacting the project?	<input type="checkbox"/>	<input type="checkbox"/>
Is a justification provided regarding the need for contract?	<input type="checkbox"/>	<input type="checkbox"/>
Were comparisons made to identify the time required for another contractor to reach the same level of competence?	<input type="checkbox"/>	<input type="checkbox"/>

**SOLE SOURCE JUSTIFICATION
CONTRACTS FOR GOODS**

CHECKLIST

	<u>Yes</u>	<u>No</u>
Has the applicant/grantee met the following requirements:		
<u>OCJP Grantee Handbook Section 3510</u>		
Do conditions exist that require a sole/single-source contract?	<input type="checkbox"/>	<input type="checkbox"/>
<u>Section 3520</u>		
Is a brief description of the program or project included?	<input type="checkbox"/>	<input type="checkbox"/>
Was it necessary to contract noncompetitively?	<input type="checkbox"/>	<input type="checkbox"/>
Did the contractor submit his/her qualifications?	<input type="checkbox"/>	<input type="checkbox"/>
Is the reasonableness of the cost justified?	<input type="checkbox"/>	<input type="checkbox"/>
Were cost comparisons made with differences noted for similar services?	<input type="checkbox"/>	<input type="checkbox"/>
Is an explanation provided for the uniqueness of the contract?	<input type="checkbox"/>	<input type="checkbox"/>
Are there time constraints impacting the project?	<input type="checkbox"/>	<input type="checkbox"/>
Is a justification provided regarding the need for contract?	<input type="checkbox"/>	<input type="checkbox"/>
Were comparisons made to identify the time required for another contractor to reach the same level of competence?	<input type="checkbox"/>	<input type="checkbox"/>